	1	Rrint Water
	2	Instructions for use:
	3	Check the above box "Highlight Fields" to show fields on this form.
		2. Complete the form. 3. Print, sign the document, and file with the court
	4	FILEDENTERED
	5	
	6	UNITED STATES DISTRICT COURT FOR THE
	7	WESTERN DISTRICT OF WASHINGTON CLERK U.S. DISTRICT COURT
	8	Geffiey BRAY
	9	Plaintiff(s)
	10	vs. 10-CV-01066-CMP
\	11	ABC Toloxicias COMPLAINT
5	12	abe Televiside NBC Televiside Federal Reserve Bark CV101066R8M
$\stackrel{\backslash}{<}$	13	Defendant(s), Gmc - Devali
7		
	14	Parties to this Complaint:
	14	Parties to this Complaint: Plaintiff's Name, Address and Phone Number
7		
) }	15	Plaintiff's Name, Address and Phone Number Do - Rok (43
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++	15	Plaintiff's Name, Address and Phone Number Plaintiff's Name, Address and Phone Number (43
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1	Defendant's Name, Address and Phone Number
2	GENERAL Majoris Conforation
3	215 S.W. 128
4	Reifor, Washing for 98057
5	(If you have more defendants, list them using the same outline on another piece of paper. Attach additional sheets, if necessary)
6	Jurisdiction
7	(Reason your case is being filed in federal court)
8	FEDERAL RESERVE BANK
9	950 GRAND AVE
10	Loc Angeles California
11	
12	Statement of Claim: (State here as briefly as possible the facts of your case.)
13	7
14	in 1992 @ The Riverside Civil Court in
15	in 1992 & the Riverside Civil Court in Riverside, California i had Giled for an Indentification Armendement. In
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17	an Insentification A mend men. In
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25	Conforation (6 mc) had used the Name

Statement of Claim (continued): Socials Car's Sine by Me 086 Rolled as good in troduced to the Toternet. pplied for a 6 mc Lix Cola Slid after i Ly brochure i Noliced The 2010 NBA Champion Shiff this of

affek the 2006 NBA Champion Sheps Where Iven i abould so back to Chrysiles C 1853 Lin Cola Blo) Sante movila, Calefornia 90401 and use the internet to apply for gobs on figurap Commercial accounts for CNBC - a Stock Sheet for the New york Stock Exchange. Chrysilis ; is a MBC Television/ Universal fectures job Contents. Thee i had calent to the job Certen and Signed up a Tour ONE the Gederal Reserve Bank e 950 GRAND ave LOS Angles, ColfoRNIA Sihad Just signed op for another Tour Jane 22 d 2018, Lot this time a Cop Told Me i west to Los Angeles for Nothing, i know handed her My Tour Sign-ig slip i got of the InterNet; Similar to the Tour slep i weather Toux creith in 2006 At the SAME exact Federal believe BANK @ 950 S. Grand are Los Arglles, Colofornia; the Cop Took my four step and told me the Tour was & 10:00 Am Jare 12 2010, and My Name was Not De the list. I gave her my Town slip and left the building

Cas Cas 602c109000001-0866ARSNDo Doronemieth 23 Filled 007/022/12001 Pag & 500 of 5 4 f 14

Live 2006 Carlo Received shy ment money order's from frotelling Ceatens all over the Country for large amouth of Money. I didn't Know where the morey Meny caere Coming from; { abe Television Network in los Angeles, T.V. Quide NETalonk in Holly wood, Si had mentioned the word returned to abo Television affiliates all alkall the Constry Cathile Developing a cecounting System couler the Nan the Denali Commercial oven National Television; affer i Mentioned Refulant to abo Television Various Conjunies in the Entention ment tendustry? The federal Reserve Bank, the General Moton's Confonetion gahoo, on Chrysiles & the NBC/UNIVERSAL forfaces job lester @ 1853 Lincoln Blud SANTA Monica, 90401. I didn't Know unhere shore money onders Came Jean, Kiesha @ 310-450-4050 Just save Me another The on Tuesday gave 22 d 2010 when i abert to go Visit her after i left the federal Reserve Swilding. After the 4 gears of processias the money orders threw the United States Post office, They sola A 1762

LAS VESTS 1702-434-5005. They Sent me a Tre Dollan and Tollan Cent money Inder from Western Will. The last money onder i picked up In Tuesday i collect to the postal Inspectory office and had him make Copies of it. I plan to have the fortal ant file federal Charge's against the flagment from the Certens for making the then Marel Clear across The Colors for Nothing. a Copy is Exclosed in The Complaint

1	Relief: (State briefly exactly what you want the court to do for you)
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3	in the copy my the state of the
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23	6-20-0
24	Date Signature of Plaintiff
25	

NAME, ADDRESS & TELEPHONE NUMBER OF ATTORNEY(S) FOR, OR, PLAINTIFF OR DEFENDANT IF PLAINTIFF OR DEFENDANT IS PRO PER	
Jeffrey Brag	
ATTORNEYS FOR: Jeffrey BRAY	
	DISTRICT COURT CT OF CALIFORNIA
Selfney BRAY	CASE NUMBER:
Plaintiff(s),	
abe Television Feberal Reserve GMC: Devali BANK Defendant(s)	CERTIFICATION AND NOTICE OF INTERESTED PARTIES (Local Rule 7.1-1)
TO: THE COURT AND ALL PARTIES APPEARING O	OF RECORD:
	ing listed party (or parties) may have a direct, pecuniary tions are made to enable the Court to evaluate possible essary.)
PARTY	CONNECTION
(List the names of all such parties and	identify their connection and interest.)
Blue Cross of Alaska: 7	loog, i Contacted
The blue Cross of Ala	Ma In Sasce Congany
because they had iss	and me a modical
INSONANCE I.d. Wh	er i cula a state be. Until
Rue Choss of Alaska/WA	shins for CAN Prove i calal
Date	Reg DOWN IN Alaska
Attorney of	Not in Rivereide (Sheep Bhais Colefonnia record) for or party appearing in pro per

NOTICE OF INTERESTED PARTIES

CV-30 (04/10)

\$10,000.00

Less -0-

Total \$10,000.00



Nº 28634

PROGRAM 220A CONFIRMED \$10,000.00 ELIGIBILITY

PUDUCIARY INVENERATIONALI

OFFICIAL CONFIRMATION OF PAYMENT

AVAILABLE FUNDS \$10,000.00

CONFIRMATION NO.

200237814

STATUS
APPROVED

& CONFIRMED

RECIPIENT

Jeffrey Bray

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RF1FRA-RF01U-20023781417

Jeffrey Bray 1616 7th St

Santa Monica CA 90401-3324

YOUR ASSURANCE OF FUNDS PAYABLE:

YOU, Jeffrey Brey
SHALL RECEIVE UP TO *****\$10,000.00*****
UPON YOUR VALID REPLY AND VERIFICATION AS THE MAXIMUM CASH RECIPIENT.

- 2 ELIGIBILITY: *****\$10,000.00***** in allocated funds cannot be sent until you complete and mail Form 5440 to this office (form enclosed) and final cash distributions are determined. Complete Form 5440 in full, sign your name, and mail immediately in the envelope provided.
- 3 ASSURED PAYMENT: Funds up to _______ are secured by bond or deposit. Said funds shall be lawfully awarded in good order according to program terms and conditions.
- 4 FINAL INSTRUCTIONS. The following procedures must be followed precisely before any funds are paid:
 - a) Complete Form 5440; sign your name where indicated.
 - b) Answer the Procedural Security Question.
 - c) Enclose a Processing Fee of; mail immediately.

DOCUMENT REGISTRATION

REPUBLIC FIDUCIARY INTERNATIONAL

PUROS AWARDED NO LESS THAN TEN THOUSAND US DOLLARS

HIS OFFICIAL BOYUMENT WAS PREPARED BY REPUBLIC FIDUCIARY INTERNATIONAL INCOMPLIANCE WITH ALL STABLISHED PROCEDURES AND COVERANTS AS A FORMAL ADVISORY IND A SUBANCE OF CASH TUMS TO BE DISBURSED IN A MULTILEVEL SKILL COMPETITION, OF WHICH THIS DOCUMENT REPRESENTS THE INTHAL SOLICIAN IN MARS INTHIS LEVEL IN BE ADVINCED TO THE NEXT LEVEL SEE RULES. TERMS, AND CONDITIONS HEREIN, NO TAXES SHALL BE WITHHELD FROM ANY DISBURGED AWARD, NOR SHALL ADDITIONAL FEES HARSES, DE COMMISSIONS BE LEVIED EXCEPT AS NOTED HEREIN, ALL ENTRANTS MUST BE AGE EIGHTEEN OF OLDER, AND EMPLOYERS OF BERUBLIC FLOUCIARY INTERNATIONAL

Form 5440

Mail this Entire Page, with fee, in the Envelope Provided

Important. To initiate your claim for funds, this form (5440) must be completed and submitted by mail to Republic Fiduciary International; your processing fee must be enclosed to obtain funds eligibility.

Taxes, fees, and commissions. None withheld. But any funds disbursed may be subject to taxation in your country of residence.

RF1FRA-RF01U-20023781417 Jeffrey Bray 1616 7th St Santa Monica CA 90401-3324



Enter full name of monandani

RESPONDENT INSTRUCTIONS:

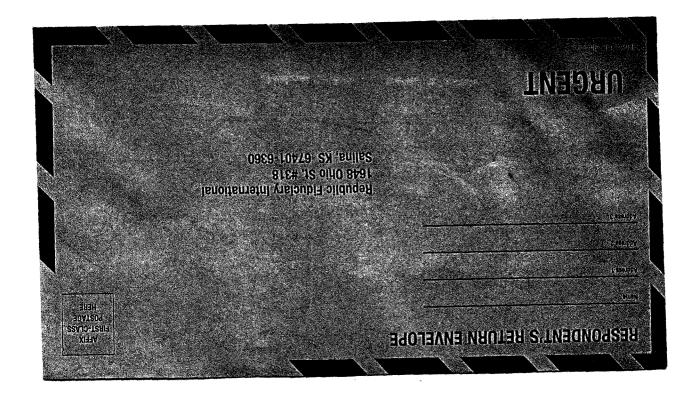
- (1) Name & Address Verification. Your name and address are printed here. For secure funds delivery, check the accuracy of this information and correct, if necessary on the reverse of this page.
- (2) Complete this Form (5440). Provide all requested information, and sign your name where indicated.
- (3) Mail Form 5440 and your Processing Fee within 5 days. Deadlines for reply have been established and shall be strictly enforced. If you submit this form after the deadline, your funds eligibility shall be cancelled and any funds for which you are entitled will be returned to the cash pool and awarded to other respondents. You are strongly urged to mail this form and your Processing Fee immediately.

Jeffrey Bray

	Enter fair harrie of respondent	
LINE B	Enter assigned confirmation number	·
LINE C	Enter funds payable	
LINE D	Enter adjustments or funds withheld	ر المنظم
	Enter subtotal	
	Subtract line D from Line E and list total amount	<u> </u>
8	RESPONDENT: COMPLETE THIS SECTION IN FU	JLL
1.	I HAVE ENCLOSED MY \$15 PROCESSING FEE: IN CASH BY CHECK BY MONEY ORDER BY CREDIT CARD MAKE PAYABLE TO "JUDGING DEPARTMENT" IF PAYING BY CREDIT CARD, PROVIDE THE FOLLOWING INFORMATION:	28634
1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	CREDIT CARD NUMBER:	SE ONLY
Z.	YOU MUST ANSWER THIS PROCEDURAL SECURITY QUESTION CORRECTLY: 3 + 3 - 3 = SIGN YOUR FULL NAME ON THE LINE BELOW:	DFFICIAL USE
	Lange Sala 6-25-18	AF1FI

Payment Information — Do Not Mark in This Space — For Comptroller of Funds' Use Only

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REPUBLIC FIDUCIARY INTERNATIONAL 1648 OHIO ST. #318 SALINA, KS 67401-6360 FIRST-CLASS MAIL U.S. POSTAGE PAID LIBERTY, MO PERMIT NO. 115

PRESORTED



JUN 2 2 2010

CONFIDENTIAL MAIL

DELIVER TO NAMED RECIPIENT ONLY

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(b) Attorneys (Firm Name, A yourself, provide same.)			you are	representing At	torneys	(If Known)	1	Party		
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II DACIC OF HIDIODICTIO	N. (Dlass			HI CHINGDION	ID OF I	DINCIDAL DAD	DYPG	F D'	. O. I.	
II. BASIS OF JURISDICTIO	IN (Place	an X in one box only.)				PRINCIPAL PAR' x for plaintiff and o			es Only	
☐ 1 U.S. Government Plaintiff	2/3	Federal Question (U.S. Government Not a Party	')	Citizen of This Sta	te	PTI Ļ⊈1	DEF	Incorporated or		DEF 24
7/15 C	4	<i></i>			,			of Business in th		- a-
D 2 U.S. Government Defendan	it 24	Diversity (Indicate Citiz of Parties in Item III)	enship	Citizen of Another		□2		of Business in A		دهملے - س
TV ODIGRI (III TV	•			Citizen or Subject	of a Fore	eign Country 3	73	Foreign Nation		26
IV. ORIGIN (Place an X in or										
□ 1 Original □ 2 Remov Proceeding State C		☐ 3 Remanded from Appellate Court		einstated or □ 5 T eopened	ransferr	ed from another di	strict (sp	Dist		
V. REQUESTED IN COMPL	AINT:	JURY DEMAND:	Yes □	No (Check 'Yes' or	nly if de	manded in complai	nt.)	2	_	00
CLASS ACTION under F.R.C	C.P. 23:	☐ Yes ☐ No		□мо	NEY D	EMANDED IN C	OMPLA	AINT: \$_\(\frac{\delta}{\int}\)	06,000,000	
VI. CAUSE OF ACTION (Cit	e the U.S	. Civil Statute under whi	ch you a	are filing and write a	brief st	atement of cause.	Oo not c	ite jurisdictional st	atutes unless diversity.)	
VII. NATURE OF SUIT (Plac	e an Y in	one hov only	****							
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OTHER STATUTES □ 400 State Reapportionment		CONTRACT Insurance	PER	TORTS SONAL INJURY	500000000000000000000000000000000000000	TORTS PERSONAL		PRISONER PETITIONS	LABOR ☐ 710 Fair Labor Star	ndards
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USC 3410		Stockholders' Suits	□ 362	Personal Injury-	□ 442	Employment	□ 625	Drug Related	840 Trademark	TO SHE SHOW SHOW
☐ 890 Other Statutory Actions				Med Malpractice	443	Housing/Acco-	l	Seizure of	SOCIAL SECURIT	Y
☐ 891 Agricultural Act ☐ 892 Economic Stabilization	1	Contract Product	□ 365	Personal Injury-	-	mmodations Welfare	Į	881	☐ 861 HIA (1395ff) ☐ 862 Black Lung (92	2)
Act Stabilization		Liability Franchise	□ 368	Product Liability Asbestos Personal		American with	□ 630	Liquor Laws	□ 863 DIWC/DIWW	.5)
☐ 893 Environmental Matters	***************************************	BAL PROPERTY	L 308	Injury Product		Disabilities -		R.R. & Truck	(405(g))	
☐ 894 Energy Allocation Act		and Condemnation		Liability		Employment		Airline Regs	☐ 864 SSID Title XVI	Ī
□ 895 Freedom of Info. Act		oreclosure		MIGRATION	□ 446	American with	□ 660	Occupational	□ 865 RSI (405(g))	
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CV-71 (05/08)

AFTER COMPLETING THE FRONT SIDE OF FORM CV-71, COMPLETE THE INFORMATION REQUESTED BELOW.

Cas @ 2ste02c1/09ct/0401-0406ARSNDo Dorocemte(ht/23 Filled) 0076/0221/12001 Pag @ 14/eof 14

UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA CIVIL COVER SHEET

VIII(a). IDENTICAL CASES: Ha If yes, list case number(s):	s this action been p	reviously filed in this court at	nd dismissed, remanded or closed? □ No ✓ Yes				
VIII(b). RELATED CASES: Have If yes, list case number(s):	e any cases been pr	eviously filed in this court the	at are related to the present case? □ No ☑ Yes				
`□ C .	Arise from the sam Call for determinat For other reasons v	e or closely related transaction ion of the same or substantial would entail substantial duplic	ons, happenings, or events; or all y related or similar questions of law and fact; or cation of labor if heard by different judges; or and one of the factors identified above in a, b or c also is present.				
IX. VENUE: (When completing the	following information	tion, use an additional sheet i	f necessary.)				
			if other than California, or Foreign Country, in which EACH named plaintiff resides. this box is checked, go to item (b).				
County in this District:*			California County outside of this District; State, if other than California; or Foreign Country				
(b) List the County in this District; Check here if the government, it	California County of agencies or emplo	outside of this District; State i	if other than California; or Foreign Country, in which EACH named defendant resides. If this box is checked, go to item (c).				
County in this District:*		· · · · · · · · · · · · · · · · · · ·	California County outside of this District; State, if other than California; or Foreign Country				
(c) List the County in this District, (Note: In land condemnation ca			if other than California; or Foreign Country, in which EACH claim arose.				
County in this District:* California County outside of this District; State, if other than California; or Foreign							
,							
* Los Angeles, Orange, San Bernar Note: In land condemnation cases, us	dino, Riverside, V e the location of the	entura, Santa Barbara, or S	San Luis Obispo Counties				
X. SIGNATURE OF ATTORNEY (OR PRØ PER):	1 A Brees	Bray Date 6-26-10				
or other papers as required by law	 This form approve 	ved by the Judicial Conference	mation contained herein neither replace nor supplement the filing and service of pleadings e of the United States in September 1974, is required pursuant to Local Rule 3-1 is not filed ing the civil docket sheet. (For more detailed instructions, see separate instructions sheet.)				
Key to Statistical codes relating to So	•	ų*					
Nature of Suit Code	Abbreviation	Substantive Statement of	f Cause of Action				
861	HIA	All claims for health insurance benefits (Medicare) under Title 18, Part A, of the Social Security Act, as amended. Also, include claims by hospitals, skilled nursing facilities, etc., for certification as providers of services under the program. (42 U.S.C. 1935FF(b))					
862	BL	All claims for "Black Lung" benefits under Title 4, Part B, of the Federal Coal Mine Health and Safety Act of 1969. (30 U.S.C. 923)					
863	DIWC	All claims filed by insured workers for disability insurance benefits under Title 2 of the Social Security Act, as amended; plus all claims filed for child's insurance benefits based on disability. (42 U.S.C. 405(g))					
863	DIWW	All claims filed for widows or widowers insurance benefits based on disability under Title 2 of the Social Security Act, as amended. (42 U.S.C. 405(g))					
864	SSID	All claims for supplementa Act, as amended.	al security income payments based upon disability filed under Title 16 of the Social Security				
865	RSI All claims for retirement (old age) and survivors benefits under Title 2 of the Social Security Act, as amended. (42 U.S.C. (g))						

CV-71 (05/08)